



Arlington Independent School District

2017 Benefit Summary

Important Contacts

Century Healthcare

Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Telephonic Enrollment Center

(888) 232-9431
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal

(Access important plan documents,
claim forms & temporary ID cards)

www.centuryhealthcare.com

Username: CHC5504

Password: arlington



PHCS Limited Benefit Network

www.multiplan.com/chc

(888) 371-7427



Healthcare Highways Rx

www.healthcarehighwaysrx.com

Customer Helpdesk (844) 636-7506

Mail Order Number: 866-744-0621



HealthiestYou

www.healthiestyou.com

(866) 703-1259

Please Note: A separate claim form is needed for the AD&D and Accident Medical benefits. You may access the claims form through the client web portal or call the Century Healthcare's Customer Service Department.

Benefit Description

Value

Select

Premier

Preventive Services

All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. See the MEC Summary.

100% Covered through in-network providers

100% Covered through in-network providers

100% Covered through in-network providers

Doctor's Office Visit

Benefits paid for a doctor's office visit for medically necessary treatment, care, or advice of a covered injury or sickness.

Plan pays \$50 per day (2 days)

Plan pays \$60 per day (3 days)

Plan pays \$80 per day (3 days)

Outpatient Lab & X-Ray

Benefits paid for outpatient lab tests and x-rays when ordered by a doctor and performed by an appropriately licensed technician.

Plan pays \$50 per day (1 days)

Plan pays \$60 per day (2 days)

Plan pays \$80 per day (2 days)

Advanced Studies

Limited to CT Scan, PET Scan, and MRI.

Plan pays \$500 per day (1 day)

Plan pays \$500 per day (1 day)

Plan pays \$1,000 per day (1 day)

Emergency Room

Benefits paid for emergency room visits for a medical emergency caused by sickness.

N/A

Plan pays \$150 per day (1 day)

Plan pays \$250 per day (1 day)

Inpatient/Outpatient Surgery Benefits

Benefits paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness.

N/A

Inpatient: Plan pays \$800
Outpatient: Plan pays \$400
(1 IP or 1 OP surgery)

Inpatient: Plan pays \$1,000
Outpatient: Plan pays \$500
(1 IP or 1 OP surgery)

Inpatient/Outpatient Anesthesia Benefits

Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and during a surgical procedure.

N/A

Inpatient: Plan pays \$200.00
Outpatient: Plan pays \$100.00

Inpatient: Plan pays \$250.00
Outpatient: Plan pays \$125.00

First Hospital Confinement

Benefits Paid when a covered person is confined in a hospital for the first time in the Benefit Year. Pays in addition to the Hospital Confinement benefit.

N/A

N/A

Day 1: Plan pays \$300

Hospital Confinement

Benefits paid if a covered person is confined as an inpatient in a hospital due to a covered injury or sickness.

Plan pays \$250 per day (30 days)

Plan pays \$400 per day (30 days)

Plan pays \$500 per day (30 days)

Maternity

Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient Lab & X-ray, Surgery, and Hospital Confinement for pregnancy related expenses.

Included

Included

Included

ICU Confinement

Pays in lieu of the Hospital Confinement Benefit.

N/A

Plan pays \$800 per day (30 days)

Plan pays \$1,000 per day (30 days)

Substance Abuse Confinement

Benefits paid for confinement in a rehabilitation facility for substance abuse.

N/A

Plan pays \$200 per day (30 days)

Plan pays \$250 per day (30 days)

Mental Illness Disorder Confinement

Benefits paid for confinement in a rehabilitation facility for mental or nervous disorders.

N/A

Plan pays \$200 per day (30 days)

Plan pays \$250 per day (30 days)

Skilled Nursing Facility Confinement

Benefits Paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.

N/A

Plan Pays \$200 per day (30 days)

Plan Pays \$250 per day (30 days)

Benefit Description	Value	Select	Premier
Accident Medical (\$100 deductible per occurrence)	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence
Accidental Death & Dismemberment			
Employee	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500
Children	\$3,000	\$3,000	\$3,000
Pharmaceutical Benefits	Discount Rx	Copay Rx – Plan 1	Copay Rx – Plan 2
Discount Card Rx			
<p>Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Receive instant savings of up to 85% based on all FDA approved drugs (brand & generic) at the pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies. Your discount may also apply to certain over-the-counter medications, diabetic supplies that have an NDC (National Drug Code), and even for certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies.</p>			
Copay Rx Plan(s)			
<p>Copay Rx - Plan 1: Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Mail order option available for 90 day prescription supply at \$25 copay for tier 1 and \$125 or 50% for tier 2 medications. Monthly Maximum of \$100 Employee / \$200 Family. No Deductible. Restricted Formulary.</p>			
<p>Copay Rx - Plan 2: Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Mail order option available for 90 day prescription supply at \$25 copay for tier 1 and \$125 or 50% for tier 2 medications. Monthly Maximum of \$250 Employee / \$500 Family. No Deductible. Restricted Formulary.</p>			
PHCS PPO Limited Benefit Network			
<p>All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.</p>			
Healthiest You (Unlimited Call at no cost to member)			
<p>All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. Healthiest You also provides members with access to an online wellness platform to help improve the member's overall health.</p>			

All benefits except Accident Medical and AD&D are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group's original effective date. Please note that this is just a summary of the benefits and to know the full details of the policy the certificate of coverage needs to be reviewed once the policy is effective.

Benefits Effective 12/1/2016



Value Plan (MEC Plus)	Monthly Bank Draft
Employee Only	\$75.00
Employee + Spouse	\$121.50
Employee + Child(ren)	\$124.26
Employee + Family	\$180.73

Select Plan (MEC Plus)	Monthly Bank Draft
Employee Only	\$125.00
Employee + Spouse	\$214.50
Employee + Child(ren)	\$202.51
Employee + Family	\$320.73

Premier Plan (MEC Plus)	Monthly Bank Draft
Employee Only	\$150.00
Employee + Spouse	\$263.75
Employee + Child(ren)	\$250.26
Employee + Family	\$399.73